

**SOUTH DAKOTA
DEPARTMENT
OF HEALTH**



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Influenza surveillance: The 2003-2004 season in South Dakota

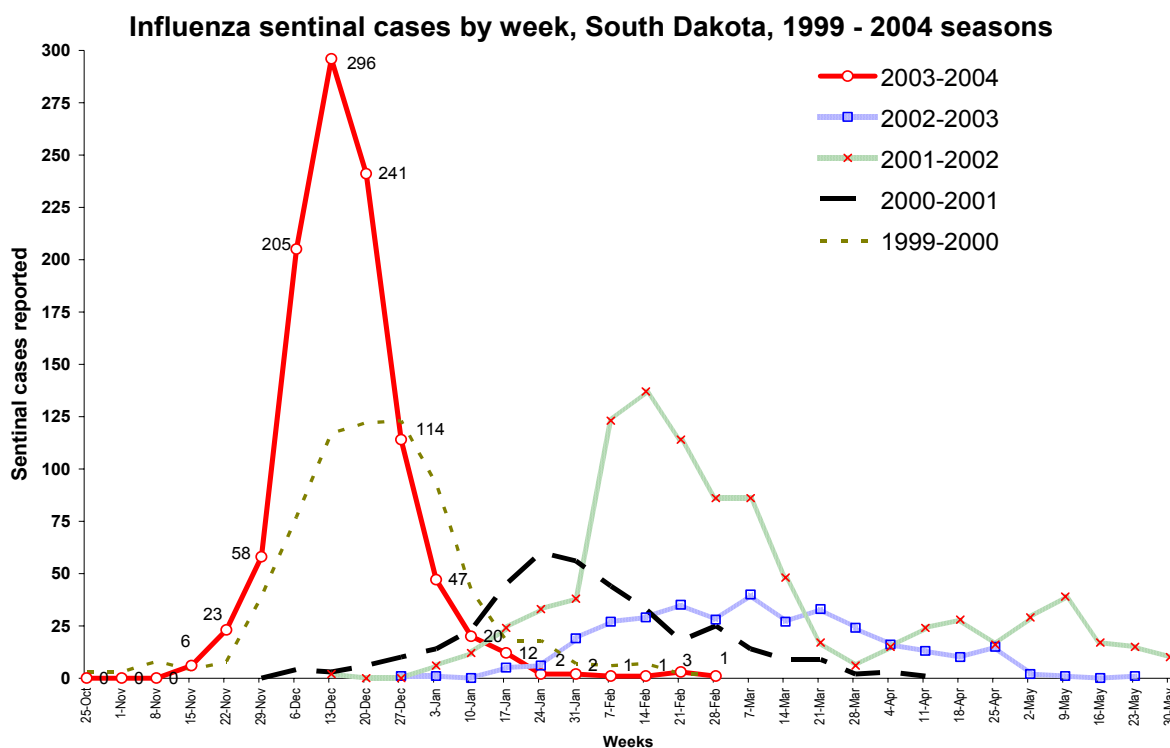
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Linda Schaefer, Disease Surveillance Coordinator, Department of Health
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The Centers for Disease Control and Prevention's (CDC) Division of Viral and Rickettsial Diseases, collaborating with the World Health Organization, collects and analyzes influenza viral isolates and data from state health departments and other surveillance sites. The information presents a state, national and global description of the seasonal outbreak. South Dakota participates in this international surveillance network through the Department of Health.

South Dakota's first influenza cases of the 2003-2004 season were reported during the week ending 15 November 2003. During that week two culture confirmed cases of influenza A (later typed as A/H3N2) were detected in Minnehaha and Pennington Counties. Influenza activity increased swiftly over the next four weeks, peaking in mid-December (see figure next page). Thereafter, activity decreased sharply with the last report on 23 February 2004.

The 2003-2004 influenza season in South Dakota was early, intense, and short in duration. The season's victims were young (see table on page 3). Two-thirds of the sentinel cases were children 19 years and younger. Between 1 October 2003 and 31 March 2004, there were 141 deaths from pneumonia or influenza. Of that total, 25 died of influenza, including 1 child under the age of 18.

Of 1,032 sentinel influenza cases reported to the South Dakota Department of Health 1,030 (99.8%) were type A and 2 (0.2%) were type B. Of the influenza A reported, 138 were subtyped, all being A(H3N2). Other viral respiratory reports during the influenza season included RSV (respiratory syncytial virus) 865, adenovirus 71, and parainfluenza-1, -2 and -4, 293.



Nationally, influenza viruses were first isolated in Texas in October 2003. The percentage of positive influenza tests and the proportion of influenza-like illness in outpatient visits to sentinel physicians increased substantially in November and peaked in mid-December.

Nationally, influenza A(H3N2) viruses were most commonly isolated, with small numbers of influenza B and influenza A (H1) viruses identified. A total of 130,577 respiratory specimens were tested for influenza viruses; 24,649 (19%) were positive, 99% were influenza A viruses and 1% were influenza B viruses. Among the influenza A viral isolates subtyped 99.9% were influenza A(H3N2), and 0.1% were influenza A(H1) viruses. Of the influenza A(H3N2) isolates characterized, 89% were antigenically similar to the drift variant, A/Fujian/411/2002(H3N2), and 11% were similar to the vaccine strain

A/Panama/2007/99(H3N2). A report of the 2003-2004 influenza season and the composition of the 2004-2005 influenza vaccine is found in the 2 July 2004 MMWR 53/25, page 547-552, and the ACIP *Recommendations on Prevention and Control of Influenza* are found in the 28 May 2004 MMWR 53/RR6. Link: www.cdc.gov/mmwr/index.html.

Viral respiratory reports from the South Dakota Public Health Laboratory (SDPHL) and the USD Clinical Virology Laboratory (USD-CLV)**,
1 Nov 2003 – 29 May 2004.**

	SDPHL♦	USD-CVL°	TOTAL
Influenza A	200*	905	1105
Influenza B	0	2	2
Adenovirus	0	71	71
RSV	2	863	865
Parainfluenza-1	2	115	117
Parainfluenza-2	0	0	0
Parainfluenza-3	1	136	137
Parainfluenza-4	0	39	39

*138 isolates of Influenza A/H3N2, 62 untyped Influenza A

**Represents all specimens tested and may include out-of-state cases

♦In cooperation with Influenza Surveillance Sentinel Sites

Surveillance for influenza is active year-round, but intensifies between October and May. South Dakota's laboratory surveillance for influenza viruses involves a statewide sentinel network including clinics, hospital laboratories, college health services, and community health centers that collect throat swabs from patients with influenza-like illness. The State Public Health Laboratory provides the culture/transport media and reports the culture results of the viral subtype isolated. The University of South Dakota Clinical Virology Laboratories in Sioux Falls and Rapid City provide influenza diagnostic services in South Dakota and collaborate in influenza surveillance. Five South Dakota health care providers participate in the CDC's Sentinel Physician program. These Sentinel Physicians practice in Sioux Falls, Pierre, Isabel and Rapid City. Thirty-one sites throughout the state voluntarily reported their influenza testing and cases.

Age distribution of sentinel influenza cases, South Dakota, 2003-2004 season

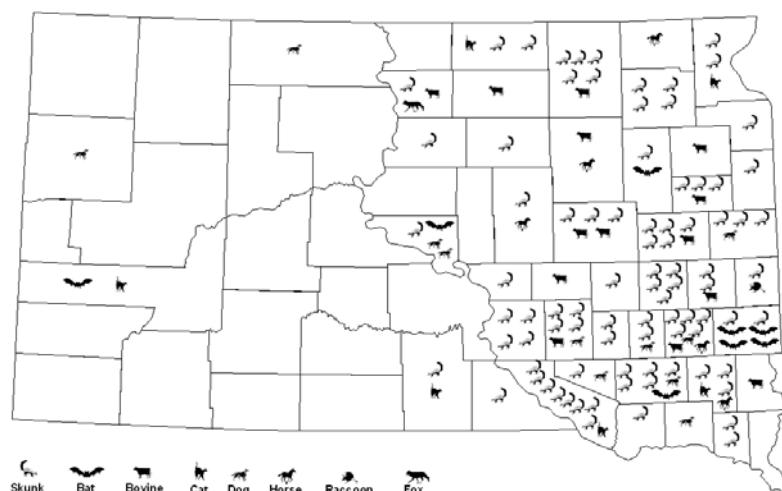
Age group	n	Percent
< 1 yr	127	12%
1 - 9 yr	320	31%
10 - 19 yr	229	22%
20 - 29 yr	98	10%
30 - 39 yr	44	4%
40 - 49 yr	25	2%
50 - 59 yr	38	4%
60 - 69 yr	49	5%
70 - 79 yr	50	5%
80 - 89 yr	33	3%
90+ yr	14	1%
TOTAL	1027	100%

In South Dakota all laboratory confirmed cases of influenza are mandatory reportable events. Clinics and laboratories in South Dakota are also required to submit weekly reports of the number of rapid antigen influenza positive tests and the total number of influenza tests performed. During the influenza season weekly summary reports are posted on the South Dakota Department of Health Web site at www.state.sd.us/doh/Flu.

Rabies Surveillance, South Dakota, 2003

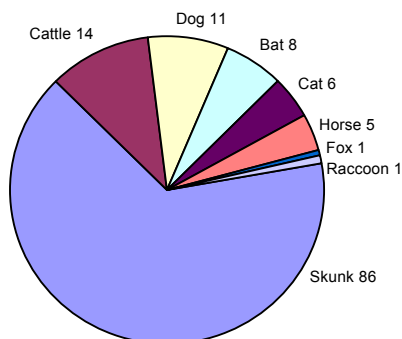
Rabies is enzootic in South Dakota. One-hundred thirty-two (132) animals tested positive for rabies in South Dakota in 2003. These included 96 wild animals (86 skunks, 8 bats, 1 fox and 1 raccoon) and 36 domestic animals (14 cattle, 11 dogs, 6 cats and 5 horses). This is a 38% increase from the previous year, 2002, when 96 animals tested positive. There were no human rabies cases in South Dakota in 2003. The state's last human case was in 1970.

Animal Rabies in South Dakota by County, 2003



Nationally there were 3 human rabies cases, all deaths, in 2003. The deaths occurred in Virginia, California and Puerto Rico, due to raccoon, mongoose and bat rabies virus, respectively. Since 1990, there have been 38 cases of human rabies reported in the United States, 31% of which were infected with a bat rabies virus strain.

Animal rabies cases, South Dakota, 2003



Animal rabies cases, by County, South Dakota, 1990 – 2003.

County	2003		1990 – 2003		
	Pos	Neg	Pos	Neg	% Pos
Aurora	6	3	27	90	23%
Beadle	5	18	54	229	19%
Bennett	0	0	0	24	0%
Bon Homme	1	5	11	91	11%
Brookings	4	32	69	629	10%
Brown	6	38	68	406	14%
Brule	4	2	22	131	14%
Buffalo	1	0	6	24	20%
Butte	1	27	38	255	13%
Campbell	0	4	20	64	24%
Charles Mix	9	14	32	176	15%
Clark	2	9	36	94	28%
Clay	2	7	6	123	5%
Codington	1	19	52	305	15%
Corson	1	0	7	23	23%
Custer	0	6	4	43	9%
Davison	2	19	41	416	9%
Day	4	4	48	145	25%
Deuel	1	12	49	245	17%
Dewey	0	1	24	76	24%
Douglas	2	1	23	98	19%
Edmunds	1	4	18	96	16%
Fall River	0	12	4	189	2%
Faulk	1	2	22	56	28%
Grant	1	8	31	209	13%
Gregory	1	7	13	110	11%
Haakon	0	0	9	81	10%
Hamlin	4	12	54	154	26%
Hand	2	4	30	98	23%
Hanson	3	0	14	59	19%
Harding	0	3	11	33	25%
Hughes	4	14	33	283	10%
Hutchinson	7	15	60	261	19%
Hyde	0	5	18	100	15%
Jackson	0	4	2	82	2%
Jerauld	1	0	18	61	23%
Jones	0	0	3	24	11%
Kingsbury	6	15	59	239	20%
Lake	3	14	35	224	14%
Lawrence	0	5	20	174	10%
Lincoln	1	12	12	231	5%
Lyman	0	2	2	55	4%
Marshall	1	8	27	136	17%
McCook	8	7	38	177	18%
McPherson	3	6	34	128	21%
Meade	0	10	29	254	10%
Mellette	0	1	1	17	6%
Miner	5	8	28	94	23%
Minnehaha	6	297	83	2297	3%
Moody	2	13	37	159	19%
Pennington	2	128	46	1038	4%
Perkins	0	3	10	43	19%
Potter	1	1	11	39	22%
Roberts	3	19	47	260	15%
Sanborn	1	9	22	82	21%
Shannon	0	9	0	52	0%
Spink	2	7	25	144	15%
Stanley	0	1	3	23	12%
Sully	0	0	7	18	28%
Todd	0	6	0	80	0%
Tripp	2	7	15	157	9%
Turner	5	18	42	297	12%
Union	0	9	6	136	4%
Walworth	3	31	38	313	11%
Yankton	1	5	14	191	7%
Ziebach	0	0	0	4	0%
South Dakota	132	962	1668	12645	12%

In 2003, 1,094 animals were submitted for rabies testing in South Dakota. Rabid animals were detected in 45 counties. Animals were submitted for testing from all counties, except Bennett, Haakon, Jones, Sully, and Ziebach.

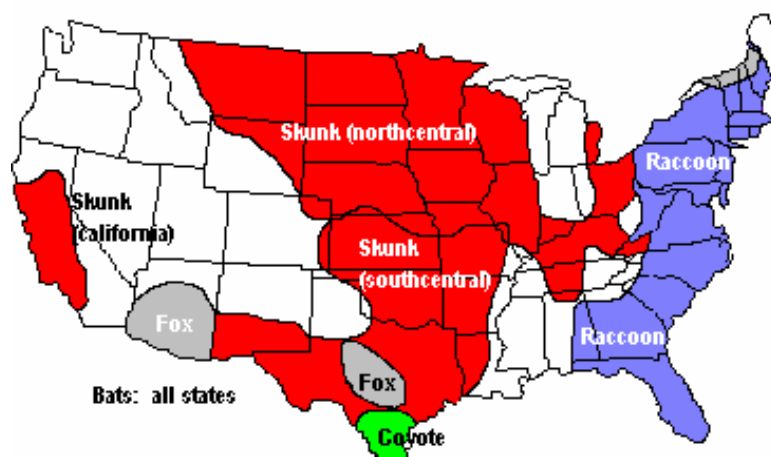
From 1990 through 2003, there were 14,313 animals tested for rabies in South Dakota, 1,668 of which tested positive (12%). During these years animals were submitted for testing from all counties, and rabid animals were detected in all counties, except Bennett, Shannon, Todd, and Ziebach. Minnehaha County submitted the most animals for testing and Ziebach County submitted the fewest.

Since 1990, 26% of the rabid animal reports in South Dakota have been from domestic animals. Rabid livestock reports included 203 cattle, 47 horses, 6 sheep, 3 pigs, and 2 goats. There were also 98 rabid dogs and 82 rabid cats, many of which were strays. Of the 69 rabid dogs investigated between 1993 and 2003, none were fully immunized, 84% had never been immunized, 7% were inadequately immunized, and 9% were of unknown vaccination status.

The common skunk (*Mephitis mephitis*) is the enzootic rabies reservoir in South Dakota. Since 1990, 68% of the skunks tested have been rabid. Bat rabies is also enzootic in South Dakota with 67 positive bats since 1990, 3%.

Rabies is not considered enzootic in other wild animals in South Dakota. Since 1990, however, rabies has been detected in 8 fox, 3 badgers, 3 raccoons, 2 bison, 1 opossum and 1 shrew. The other wild animals are probably spillover rabies following exposure to rabid skunks.

Wild animal reservoirs of rabies in the United States.



Animals tested and confirmed rabies cases in South Dakota, 1990 – 2003.

Animal	Total tested	Positive	Percent Positive
Skunk	1676	1142	68%
Cattle	1945	203	10%
Dog	2668	98	4%
Cat	3850	82	2%
Bat	1935	67	3%
Horse	310	47	15%
Fox	83	8	10%
Sheep	157	6	4%
Pig	28	3	11%
Badger	20	3	15%
Raccoon	782	3	0%
Goat	33	2	6%
Bison	9	2	22%
Opossum	59	1	2%
Shrew or mole	7	1	14%
Rodents*	434	0	0%
Deer, elk, donkey, llama	82	0	0%
Weasel, ferret, mink	68	0	0%
Coyote or wolf	52	0	0%
Muskrat	37	0	0%
Squirrel or chipmunk	37	0	0%
Woodchuck	12	0	0%
Rabbit or hare	10	0	0%
Bobcat or bear	5	0	0%
Other animals	14	0	0%
TOTAL	14,313	1668	12%

*rodents (rat, mouse, prairie dog, gopher, beaver, porcupine, vole)

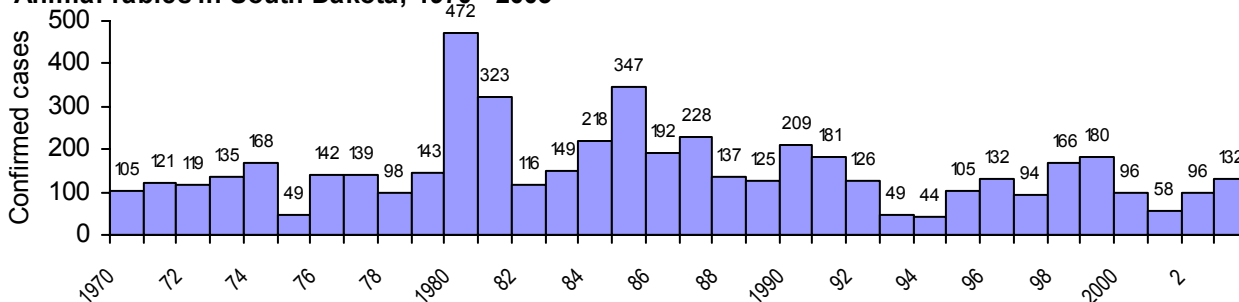
During 2003 every month had animal rabies cases reported in South Dakota, with April and July having the most events, 14 and 13 respectively.

The latest national rabies surveillance information is reported on 2002 data (Krebs, et. al., 2003). Nationally, there were 7,967 cases of animal rabies reported in 2002. According to Krebs 93% of the rabies

cases were among wild animals and 7% were from

domestic animals. Nationally domestic animals included 299 cats, 166 cattle, 99 dogs, 58 horses/mules, 12 goats, 3 sheep and 1 swine. Wild animals testing positive for rabies included 2,891 raccoons, 2,433 skunks, 1,373 bats, 508 fox, 67 mongooses, 49 groundhogs, 33 bobcats, 9 deer, 4 coyotes, 2 beavers, 1 fisher, 1 javelina, 1 otter, 1 rabbit, and 1 wolf-dog hybrid. Nationally rabies increased 7% between 2001 and 2002.

Animal rabies in South Dakota, 1970 - 2003



Two laboratories do rabies in South Dakota: the Animal Disease Research Diagnostic Laboratory in Brookings and the State Public Health Laboratory in Pierre. Both laboratories use the direct fluorescent antibody (DFA) technique. During 2003 the Brookings laboratory tested 740 animals (101 positive, 14%) and the Pierre laboratory tested 352 animals (29 positive, 8%). Two rabid animals were also tested in a neighboring state laboratory. The case definition of a confirmed animal rabies case is a positive DFA test, performed preferably on central nervous system tissue, or the isolation of rabies virus in cell culture or in a laboratory animal.

Rabies consultations are done by the Office of Disease Prevention, South Dakota Department of Health, 7 days a week. Consultations are based on current Centers for Disease Control and Prevention recommendations*. We strive to recommend appropriate rabies prevention measures and to minimize unnecessary and inappropriate post-exposure prophylactic treatment.

RABIES ADDRESSES, TELEPHONE NUMBERS and WEB SITES

Department of Health, Office of Disease Prevention

(rabies consultations)
615 East Fourth Street
Pierre, SD 57501-1700
Phone: 605-773-3737; 1-800-592-1861;
after hours cell phone 605-280-4810
Web: www.state.sd.us/doh/Pubs/rabies.htm

Department of Health, Public Health Laboratory

(rabies testing and submitting specimens)
615 East Fourth Street
Pierre, SD 57501-1700
Phone: 1-800-592-1861 or 605-773-3368
Web: www.state.sd.us/doh/Lab/rabies.htm

Animal Disease Research and Diagnostic

Laboratory (rabies testing)
Box 2175, North Campus Drive
South Dakota State University
Brookings, SD 57007-1396
Phone: 605-688-5171 Web: www.vetsci.sdstate.edu

South Dakota Animal Industry Board (livestock and

other animal veterinary and regulatory issues)
441 S. Fort Street, Pierre, SD 57501-4503
Phone: 605-773-3321 Web: www.state.sd.us/aib/

South Dakota Bat Working Group

http://nat_hist.sdstate.edu/SDBWG/SDBWG.html

CDC Rabies homepage:

www.cdc.gov/ncidod/dvrd/rabies/default.htm

Rabies is a viral infection that affects the nervous system of mammals. Rabies is usually transmitted by an infected animal bite, scratch or exposure to saliva. After being bitten or scratched, symptoms usually start 3 - 8 weeks later. Symptoms may include behavior changes, headache, fever, malaise, sensory changes, and paralysis. Rabies is almost always fatal. Prompt vaccination following a bite prevents rabies in humans. Up-to-date vaccinations of dogs, cats, ferrets and livestock, prior to exposure, protects against the disease.

If a human is exposed to rabies they must have anti-rabies shots.

ANTI-RABIES SHOTS (Post-Exposure Prophylaxis)
See your health care provider

- Clean wound with soap, water and a virucidal agent such as povidone-iodine solution.
- Immunize for tetanus, if needed.
- Control the bacterial infection.
- Administer 1 dose of rabies immune globulin (RIG) 20 IU/kg body weight, infiltrated around wound site.
- Administer 5 doses of rabies vaccine, 1.0 mL each (IM deltoid) over 28-days (days 0, 3, 7, 14, 28).

- If the person was previously vaccinated for rabies, the RIG should not be administered and only 2 doses of vaccine are recommended (days 0 and 3).

References

*Centers for Disease Control and Prevention. Human rabies prevention – United States, 1999: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1999; 48 (No. RR-1).

www.cdc.gov/mmwr/preview/mmwrhtml/00056176.htm

Centers for Disease Control and Prevention. Compendium of animal rabies prevention and control, 2003: National Association of State Public Health Veterinarians, Inc. MMWR 2003; 52 (No. RR-5).

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5205a1.htm>

Krebs, JW, JT, Wheeling, and JE Childs. 2003. Rabies surveillance in the United States during 2002. Journal of the American Veterinary Medical Association 223: 1736-1748.

South Dakota Administrative Rule Regarding Rabies Control.

RABIES CONTROL: CHAPTER 12 (Section 12-1, 2, 3, 4, 5, 6)

40-12-1. Confinement of animals required in localities where rabies exists -- Neglect as misdemeanor. In localities where rabies exists, the animal industry board may require that any animal deemed likely to spread such disease shall be muzzled, caged, tied or confined in any manner that may be deemed necessary. It is a Class 1 misdemeanor for any owner or person in charge of any animal so ordered to be muzzled, caged, tied or confined, to refuse or neglect to carry out such order.

40-12-2. Destruction of rabid animal required. If the animal industry board determines that rabies exists in any animal, the board may kill such animal and any animal there is reason to believe has been bitten by any animal affected with rabies.

40-12-3. Violation of chapter as misdemeanor. Repealed by SL 1977, ch 190, § 482.

40-12-4. Definition of terms. Terms used in this chapter mean:

- (1) "Department," the department of health;
- (2) "Owner," any person who has a right of property in a pet, keeps or harbors a pet or who has it in his care or acts as its custodian, or permits a pet to remain on or about any premises occupied by him;
- (3) "Pet," any dog, cat or other species of carnivore kept for domestication or display.

40-12-5. Confinement of pet after attack upon person -- Violation as misdemeanor. The department may serve written notice upon the owner of any dog or cat which has attacked or bitten a person to confine the animal at the owner's expense upon his premises or at a city pound or other place designated in the notice for a period of at least ten days after the animal has attacked or bitten any person. The department may examine the animal at any time within the ten-day period of confinement to determine whether such animal shows symptoms of rabies. In the case of any pet other than a dog or cat, which has attacked or bitten a person, the department may serve written notice upon the owner of such animal that the owner shall have the animal euthanized immediately and submit the brain to an approved laboratory for rabies examination. Any owner who fails to comply with a written notice served pursuant to this section is guilty of a Class 1 misdemeanor.

40-12-6. Confinement of pet bitten by animal suspected of having rabies -- Violation as misdemeanor. The department may serve written notice upon the owner of a dog or cat known to have been bitten by an animal known or suspected of being affected by rabies, requiring the owner to confine such dog or cat for a period of not less than six months. However, if such dog or cat had been properly treated with an antirabic vaccine, confinement shall be for a period of not less than three months. In the case of any pet other than a dog or cat, the department may serve written notice upon the owner of such animal that the owner shall have the animal euthanized immediately. Any owner who fails to comply with a written notice served pursuant to this section is guilty of a Class 1 misdemeanor.

CONTROL MEASURES: CHAPTER 44:20:03:10

44:20:03:10. Application of public health measures to animals. The department may instruct a person who owns or is in possession of an animal known or suspected to be a carrier of an infectious agent in public health measures for preventing infection and spread of disease. If the department knows or has reason to believe, because of testing or epidemiological information, that an animal is infected with an infectious agent and is a threat to the public health, it may issue a public health notice directing the person who owns or is in possession of the animal to take one or more of the following actions:

- (1) To examine or test the animal to determine whether it is infected with an infectious agent capable of causing human disease
- (2) To report to an authorized department representative for counseling on methods for preventing transmission of the infectious agent;
- (3) To confine or quarantine the animal for the duration of the incubation period or contagious period;
- (4) To destroy the animal or provide treatment until it is cured or free from the infection and to follow measures for preventing reinfection;
- (5) To cease from specific activities involving the infected animal that endanger the health of others;
- (6) To cooperate with the department in implementation of reasonable public health measures.

SHERIFF: CHAPTER 12 (Section 7-12-29)

7-12-29. Taking and holding animal suspected of being dangerous -- Formal Determination -- Disposal of dangerous animal. The sheriff may take possession of any animal suspected of being dangerous. The sheriff may hold such animal until a formal determination can be made of the extent of the danger such animal poses. If the animal has attacked or bitten a human or an animal pet, the formal determination shall include consultation with the Department of Health for the purposes of rabies control. The sheriff may dispose of any animals so determined to be dangerous.

Obesity rates in South Dakota and across the nation

For more than a decade, the nation's obesity rates have been on the rise. Results of the 1999-2000 National Health and Nutrition Examination Survey indicate that an estimated 64% of US adults are either overweight or obese, as defined by their body mass index (BMI). The BMI is a mathematical formula which serves as a general measure of the weight-to-height ratio and is highly correlated with body fat. Individuals with a BMI of 25-29.9 are classified as overweight, while individuals with a BMI of 30 or more are considered obese. Persons with BMI's of 25 or more are considered at greater risk for conditions such as diabetes, high blood pressure, high cholesterol, asthma, and arthritis.

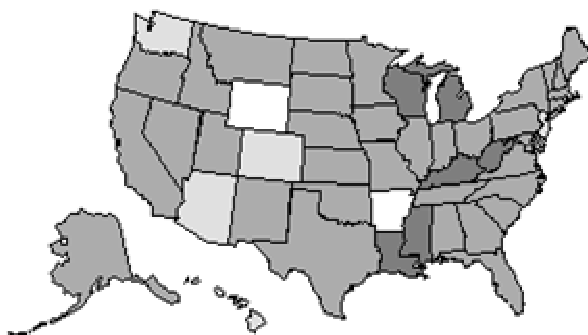
	Normal Range				Overweight Range					Obese Range			
BMI	21	22	23	24	25	26	27	28	29	30	31	32	33
Height	Weight (pounds)												
4'10"	100	105	110	115	119	124	129	134	138	143	148	153	158
4'11"	104	109	114	119	124	128	133	138	143	148	153	158	163
5'0"	107	112	118	123	128	133	138	143	148	153	158	163	168
5'1"	111	116	122	127	132	137	143	148	153	158	164	169	174
5'2"	115	120	126	131	136	142	147	153	158	164	169	175	180
5'3"	118	124	130	135	141	146	152	158	163	169	175	180	186
5'4"	122	128	134	140	145	151	157	163	169	174	180	186	192
5'5"	126	132	138	144	150	156	162	168	174	180	186	192	198
5'6"	130	136	142	148	155	161	167	173	179	186	192	198	204
5'7"	134	140	146	153	159	166	172	178	185	191	198	204	211
5'8"	138	144	151	158	164	171	177	184	190	197	203	210	216
5'9"	142	149	155	162	169	176	182	189	196	203	209	216	223
5'10"	146	153	160	167	174	181	188	195	202	209	216	222	229
5'11"	150	157	165	172	179	186	193	200	208	215	222	229	236
6'0"	150	157	165	172	179	186	193	200	208	215	222	235	242
6'1"	159	166	174	182	189	197	204	212	219	227	235	242	250
6'2"	163	171	179	186	194	202	210	218	225	233	241	249	256
6'3"	168	176	184	192	200	208	216	224	232	240	248	256	264

(Weight is measured with underclothes and no shoes.)

Obesity Trends* Among U.S. Adults

BRFSS, 1992

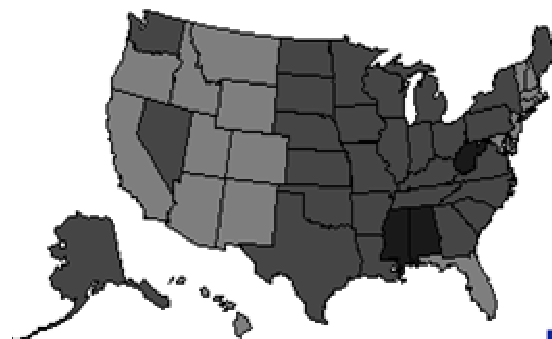
(* BMI = 30, or ~ 30 lbs overweight for 5' 4" woman)



Obesity Trends* Among U.S. Adults

BRFSS, 2002

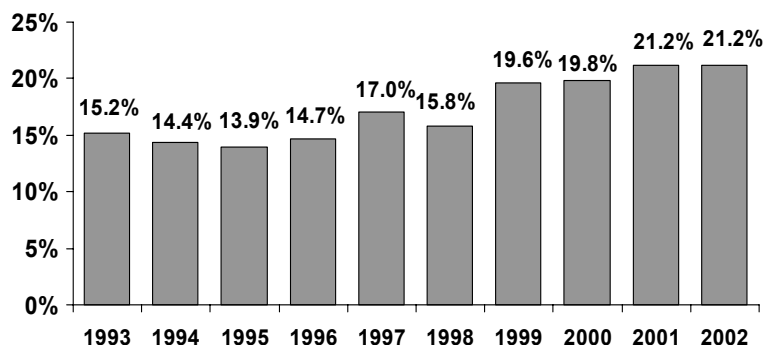
(* BMI = 30, or ~ 30 lbs overweight for 5' 4" woman)




Source: Behavioral Risk Factor Surveillance System, CDC

Results of the CDC's Behavioral Risk Factor Surveillance System, indicate that in 1992 only 5 of the 35 participating states had obesity rates of 15-19% with no states reporting rates above 20%. By 2002, however, 18 states had obesity rates of 15-19%, 29 states had prevalence rates of 20-24% and 3 states had rates of ≥ 25%. South Dakota's obesity incidence also increased during this time span moving from 15.2% in 1993 to 21.2% in 2002.

Percent of obese adults: South Dakota 1993-2002



Source: Behavioral Risk Surveillance System, South Dakota Department of Health, 1993-2002

South Dakota Antibigram  Jan. 1, 2002 – Dec. 31, 2002		Salmonella Spp	Shigella Spp.	Group A Streptococcus	Group B Streptococcus	Streptococcus pneumoniae	Staphylococcus aureus	Enterococcus Spp.	Mycobacterium tuberculosis
Antibiotic	% Susceptible (n) Number of Isolates Tested								
Ampicillin	81% (135)	14% (43)	100% (16)	100% (40)			11% (2287)	86% (1335)	
Cefotaxime	98% (42)	100% (16)				86% (148)	64% (528)	0% (62)	
Ceftriaxone	98% (42)	100% (22)				83% (109)	55% (383)	28% (40)	
Oxacillin							64% (5193)	0% (63)	
Penicillin			93% (14)	99% (92)	73% (197)	9% (4943)	87% (2373)		
Ciprofloxacin	100% (56)	100% (27)					68% (4172)	46% (1339)	
Levofloxacin	100% (103)	100% (38)		100% (46)	100% (56)	71% (3266)	51% (981)		
Ofloxacin					96% (52)	64% (121)	33% (176)		
Chloramphenicol					99% (68)	96% (520)	92% (195)		
Clindamycin			94% (16)	94% (77)	85% (54)	78% (5070)	2% (63)		
Erythromycin				80% (54)	59% (215)	57% (5106)	14% (372)		
Gentamicin	95% (19)					97% (3028)			
Nitrofurantoin*				100% (47)		99% (2480)	98% (2081)		
Rifampin						96% (2654)	78% (289)		
Tetracycline				15% (82)	84% (70)	94% (3214)	37% (1193)		
Trimethoprim/ Sulfamethoxazole	96% (135)	68% (47)	73% (11)		73% (150)	98% (4967)	7% (72)		
Vancomycin			100% (11)	100% (54)	99% (165)	100% (5267)	97% (2641)		
Isoniazid									100% (17)
Streptomycin									100% (17)
Sthambutol									100% (17)
Pyrazinamide									100% (16)
Rifampin-TB									100% (17)
Comments									
<ul style="list-style-type: none"> • Salmonella Spp: Antimicrobial treatment for enteric salmonellosis generally is not recommended. • Escherichia coli O157:H7: Antimicrobial treatment for E. coli O157:H7 infection is not recommended. • Mycobacterium tuberculosis: No cases of multi-drug resistant MTB were reported. • * Urine isolates only. 									

Thirty-seven CLIA certified laboratories in South Dakota were contacted to voluntarily send individual or aggregate bacterial sensitivity data for the time period of January 1, 2002 through December 31, 2002. Of the contacted facilities, 22 (59%) responded with the requested data. Laboratories were excluded if they did not perform their own sensitivities or if they performed sensitivities on only gram negative bacilli.

Michaela Thompson, South Dakota Department of Health Intern.

South Dakota Department of Health - Infectious Disease Surveillance				
Selected Morbidity Report, 1 January – 31 July 2004 (provisional numbers)				
	Disease	2004 year-to-date	5-year median	Percent change
Vaccine-Preventable Diseases	Diphtheria	0	0	na
	Tetanus	0	0	na
	Pertussis	9	4	+125%
	Poliomyelitis	0	0	na
	Measles	0	0	na
	Mumps	0	0	na
	Rubella	0	0	na
	<i>Haemophilus influenza</i> type b	0	0	na
Sexually Transmitted Infections and Blood-borne Diseases	HIV infection	12	14	-14%
	Hepatitis B	0	1	-100%
	Chlamydia	1403	1053	+33%
	Gonorrhea	150	146	+3%
	Genital Herpes	197	181	+9%
	Syphilis, primary & secondary	0	0	na
Tuberculosis	Tuberculosis	5	10	-50%
Invasive Bacterial Diseases	<i>Neisseria meningitidis</i>	2	4	-50%
	Invasive Group A <i>Streptococcus</i>	9	10	-10%
Enteric Diseases	<i>E. coli</i> O157:H7	18	24	-25%
	Campylobacteriosis	132	107	+23%
	Salmonellosis	55	61	-10%
	Shigellosis	7	10	-30%
	Giardiasis	34	47	-28%
	Cryptosporidiosis	23	10	+130%
	Hepatitis A	2	1	+50%
Vector-borne Diseases	Animal Rabies (provided through June)	56	59	-5%
	Tularemia	3	6	-50%
	Rocky Mountain Spotted Fever	3	2	+50%
	Malaria (imported)	1	0	na
	Hantavirus Pulmonary Syndrome	1	0	na
	Lyme disease	0	0	na
	West Nile Virus disease	9	0	na
Other Diseases	<i>Streptococcus pneumoniae</i> , drug-resis	3	1	+200%
	Legionellosis	2	2	0%
	Additionally, the following diseases were reported: Bacterial Meningitis, non meningococcal (14); Chicken pox (43); Invasive Group B <i>Streptococcus</i> (7); <i>Streptococcal</i> Toxic Shock Syndrome (1); MRSA, invasive (15)			

Communicable diseases are obligatorily reportable by physicians, hospitals, laboratories, and institutions.

The **Reportable Diseases List** is found at www.state.sd.us/doh/Disease/report.htm or upon request.

Diseases are reportable by telephone, mail, fax, website, or courier.

Telephones: 24 hour answering device 1-800-592-1804; for a live person at any time call 1-800-592-1861; after hours emergency 605-280-4810. **Fax** 605-773-5509.

Mail in a sealed envelope addressed to the DOH, Office of Disease Prevention, 615 E. 4th Street, Pierre, SD 57501, marked "Confidential Medical Report". **Secure website:** www.state.sd.us/doh/diseasereport.htm.